

F13000001751

Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850) 617-6380

From: Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850) 222-1092
Fax Number : (850) 878-5368

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

REGISTERED AGENT CHANGE
VISUALASE, INC.

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$35.00

RA Change

14 AUG -4 AM 11:12

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TALLAHASSEE, FLORIDA

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Visualase, Inc
Name of Corporation

DOCUMENT NUMBER: F13000001751

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Anne Ziebell
Name of Contact Person
Medtronic, Inc.
Firm/Company
710 Medtronic Parkway
Address
Minneapolis, MN 55432-5604
City/State and Zip Code
Hallie.p.sorenson@medtronic.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Kathleen Healy at (612) 852-1285
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Delaware in order to change its registered office or registered agent, or both, in the State of Florida.

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TALLAHASSEE, FLORIDA
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1. The name of the corporation: VISUALASE, INC.
2. The principal office address: 8058 EL RIO STREET
HOUSTON, TX 77054

3. The mailing address (if different): _____

4. Date of incorporation/qualification: 04/23/2013 Document number: F13000001751

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

CAPITOL CORPORATE SERVICES, INC.
155 OFFICE PLAZA DR., STE.A
TALLAHASSEE, FL 32301

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

C T Corporation System
c/o C T Corporation System, 1200 South Pine Island Road
Plantation, Florida 33324
P.O. Box NOT acceptable

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

Anna M. Ziebell Anna M. Ziebell, Assistant Secretary
Signature of an officer or director Printed or typed name and title

I hereby accept the appointment as registered agent and agree to act in this capacity, I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

By: C T Corporation System *Michele Miller* 8/1/14
Signature of Registered Agent Date

If signing on behalf of an entity: Michele Miller
Assistant Secretary
Typed or Printed Name

*** FILING FEE: \$35.00 ***

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2ED45 (03/12)